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JAN 29 2024
SD Secretary of State

Conflict of Interest
CANDIDATE
Statement of Financial Interest

Deadline to file: Within **15 days** after filing nominating petitions (Supreme Court Justice files within 15 days of notifying Secretary of State of his intention to place his name on the retention ballot) or certification of convention nomination.

File with: The **SECRETARY OF STATE** except local candidates file with the office where they file their nominating petition.

Candidates who file: **State and Federal Office** candidates (United States Senate, United States House of Representatives, Governor, State Legislator, circuit court judge and Supreme Court Justice SDCL 12-25-28);

Convention Nominee candidates (Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands SDCL 12-25-29);

Convention Nominee candidates of a **party with alternative political status** (US Senate, US House, Governor, Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands or state legislator SDCL 12-25-29.1); and

Local Office candidates (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 12-25-30)

Please print:
Full Name Casey Crabtree

COMPLETE Address 115 Woodland Dr. Madison SD 57042

Office Sought *(list District number if applicable)* District 8 Senate

What is your **occupation/profession?** Economic Development

List any **source of funds** (business or economic relationship) which contributes **more than 10%** of or **more than $2,000** to your family's *(includes spouse, minor children living at home)* **gross income** in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock**. Identify who receives the income from each enterprise but do not include the value. (SDCL 12-25-27)

*The intent of this form is to collect specific information not generalities. Do not put N/A or leave the grid blank.

Name of Candidate or Family Member	Name the Source of Funds (Ex: current employer, SD Legislature, 401K, benefits, etc.)	Relationship to funds (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Casey Crabtree	Heartland Consumers Power Dist.	Employee
Casey Crabtree	Woodland Partners, LLC.	Member
Casey Crabtree	SD Legislature	Member

Filed this 6th day o
February 2024
Monae L. Johnson
SECRETARY OF STATE

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

(Signature)

1-29-24
(Date)

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Please print:
Full Name See 1st Page

COMPLETE Address

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Ashley Crabtree	Madison Vision Clinic	Owner
Ashley Crabtree	Southridge Professional Bldg.	Owner

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(Signature)

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(Date)

SOUTH DAKOTA SECRETARY OF STATE • ATTENTION ELECTIONS • 500 E. Capitol Ave. • Pierre, SD 57501

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